

SKETCH  
OF THE  
LIFE AND CHARACTER  
OF  
DR ABERCROMBIE.

READ BEFORE THE HARVEIAN SOCIETY OF EDINBURGH, AT THE  
ANNUAL FESTIVAL, APRIL 12, 1854.

BY  
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*Sketch of the Life and Character of Dr Abercrombie ; read before the Harveian Society of Edinburgh, at the Annual Festival, 12th April 1854. By DOUGLAS MACLAGAN, M.D., F.R.S.E., &c.*

IT is part of my duty this evening to deliver the address which the laws of the Harveian Society require from the occupant of the chair at the Annual Festival. I am glad, on my own account, to observe that our Secretaries, in convening this meeting, have so far departed from the strict letter of the law, as to call it a Harveian Discourse instead of a Harveian Oration,—for the term oration implies oratory, and that is a gift to which I have no pretension. The law leaves the kind of subject to the choice of the writer; but the practice of my predecessors in this chair has generally been to submit to the Society a biographical notice of some distinguished member of the medical profession. I have not felt myself entitled to depart from this time-honoured custom, and I have, therefore, to solicit your attention, for a short while, to a physician whose eminence entitled him to an earlier commemoration at a Harveian festival, and to a writer more capable than I am of doing justice to his memory. I refer to Dr Abercrombie. With your attention, I crave your lenient criticism, both because biography is a kind of writing to which I am totally unaccustomed, and for which I am certain that I do not possess the requisite qualifications, and because, as regards the special subject of my present remarks, I am conscious that I am addressing many who are better qualified, in every respect, to be my informants than my auditors.

I might perhaps have acted wisely in avoiding biography altogether, or in selecting for my theme some departed worthy less known to my audience; but I have felt very strongly that a Harveian notice of Dr Abercrombie has been already too long delayed, and I have, therefore, with all my sense of incompetency for the duty, resolved to undertake it, and to throw myself unreservedly on your kind indulgence.

I have not proposed to myself to enter into minute details of the daily life of Dr Abercrombie. I do not myself possess, nor have I sought from others, the means of doing so. No doubt, the biography of an eminent man, when treated in this way, may be made highly interesting and instructive. It reveals to us glimpses of character which we never could obtain from the contemplation of the man in public life. It is, if I may borrow a modern phrase, the histology of his moral organization. We dwell with pleasure upon the little incidents of his domestic and social life, and contrast them with the largeness of his public doings, just as we eye with admiration the delicate striæ on the fibril, and contrast it with the bulk, and power, and muscular energy of the limb. But this microscopic anatomy of an eminent character requires for its demonstration the hand of one, whose opportunities of close contemplation have often brought the minutæ of its structure under his eye. To such a qualification, in relation to Abercrombie, I cannot have the remotest pretension. I knew him as a practical master of my art, as an instructor in my hour of study, as a monitor in my moment of serious reflection. It is in these points of view that I now propose to regard him; and the following abstract of his personal history is offered merely as the necessary introduction to a review of his character as a physician, an author, and a man.

John Abercrombie was born on 11th October 1781 at Aberdeen, where his father, the Rev. George Abercrombie, was minister of the East Parish Church. The early part of his education was received, first, at the Grammar School of Aberdeen, and, subsequently, at Marischal College and University, where he studied for four years, and took the degree of A.M.

Having embraced medicine as his profession, he repaired to Edinburgh to pursue his studies, and was placed as a boarder in the family of the Rev. Mr Black, at that time clergyman of Lady Yester's Church. Under this roof he continued to reside during the whole period of his academic career. For Mr Black he maintained an uninterrupted af-



fection; and to him, along with Professors Gregory and Hope of Edinburgh and French of Aberdeen, with the last of whom he had served his apprenticeship, Abercrombie dedicated his thesis.

He took his degree of M.D. at Edinburgh in June 1803, the title of his thesis being "*De Fatuitate Alpina.*" This dissertation is fairly entitled to the appellation of a carefully written essay, but we fail to trace in it much promise of those qualities as a medical author, by which Abercrombie was distinguished in his riper years. The subject was one upon which he could offer no personal observations, for he never had visited a cretin district, and he does not attempt anything original in the way of speculation regarding Cretinism. The chief thing which can be supposed to have conferred any particular merit upon it, is its giving an account of the observations of Foderè, whose treatise *Du Goitre et du Crétinisme* was published in 1800, and was probably at this time not very familiar to English readers.

After his graduation, Dr Abercrombie went for a short while to London, where he studied at St George's Hospital, and returned to Edinburgh in 1804, on the 12th November of which year he was admitted a Fellow of the Royal College of Surgeons of Edinburgh. At this time, the college had adopted the course of demanding from each candidate for the fellowship a probationary essay on some surgical subject, and Dr Abercrombie was the first who was called upon to comply with this practice, which has been abandoned only within the last two years. The subject which he selected for his probationary essay, was Paralysis of the Lower Limbs from diseased spine. It is no disparagement of the author to say that it does not contain anything that was original or novel, for in truth the literature of the subject even at the present day stands very much where Abercrombie found it; and I believe that no better account of it is to be found than that which exists in the well-known treatise, published in 1778, by the celebrated surgeon of St Bartholomew's, from whom one form of the disorder has received the name of Pott's Disease of the Spine.

Dr Abercrombie having become a Fellow of the Royal College of Surgeons, took a house in Nicolson Street, and established himself as a general practitioner. From the very commencement of his career, he manifested that devotedness to the practical duties of his profession and alertness for business, which characterized him during his whole life. His methodical arrangement of his time, and his punctuality

in keeping engagements, were equally the characteristic of his earlier and later years ; and these qualities, in combination with the practical sagacity which he manifested, led him soon to receive a considerable amount of public favour. His share of remunerative practice, however, was not enough to engage his whole time, and to a mind so bent as his was on acquiring practical knowledge, attendance on the sick poor offered an attractive resource for occupying his spare hours. Accordingly, in 1805, when it was thought desirable by the Managers of the Royal Public Dispensary to appoint a staff of surgical officers to that institution, we find the name of Dr Abercrombie given in along with others as being willing to give gratuitous advice to the poor ; and he was accordingly elected one of the surgeons of the Dispensary on 31st May 1805. This was his only appointment to a public medical institution. He continued to hold this office for at least eleven years ; for in February 1816, when the appearance of a still existing rival institution excited much alarm, and no small ill feeling, among some of the officials of the Royal Public Dispensary, and when it was determined to establish a New Town Branch as a check to the young rival, Dr Abercrombie was one of the two senior surgeons who were selected to do duty in the new locality.

But, during this time, Dr Abercrombie's professional services to the poor of Edinburgh were not limited to his official duties at the Dispensary. His character as a practitioner, and his status as a Fellow of the Royal College of Surgeons, had begun to attract towards him a large body of apprentices. According to the practice of that day, this was to the Fellows of the College of Surgeons a matter of some importance. The more advanced apprentices rendered them assistance in the discharge of their professional duties ; the junior dispensed the medicines, which, by a custom then universal, now most happily extinct, each general practitioner furnished from his own surgery ; and lastly, the apprentice fees were a source of no small direct emolument. In one year Dr Abercrombie entered not less than five new apprentices, which at the most moderate calculation must have yielded him £300. But Abercrombie was not contented to look upon his apprentices as a mere source of advantage to himself. His endeavour was conscientiously to fulfil for them the formal engagement of their indentures—to instruct them in the art and mystery of their profession. To this end he made his gratuitous attendance on the poor importantly subservient. He divided the town into five districts, assigned to each of these a cer-



tain number of his more advanced pupils, and thus not only brought medical aid home to many a poor patient, and at the same time made his pupils practically acquainted with the treatment of disease, but he thereby gained for himself a large increase of experience, and amassed much of that practical knowledge, which he afterwards so successfully communicated to the profession, in his consultations and writings.

In addition to this, besides the examination of his apprentices at stated periods, he permitted them to hold a sort of junior medico-chirurgical society in his own house, where subjects of professional interest were commented on and discussed. To his apprentices, Abercrombie seems really to have placed himself *in loco parentis*. I believe that I do not overstep the limits of propriety when I say, that few masters did for their pupils as much, none could well do more, than he, and that few could boast of having been the educator of a larger body of men who afterwards distinguished themselves as medical practitioners.

During eleven years, from September 1810 to September 1821, Dr Abercrombie acted as one of the examining board of the Royal College of Surgeons. Of those who were associated with him at his first election, one only (Mr Wood) remains, but several survive who acted along with him in the latter periods of this term; and from them I gather that his manner towards the candidates was courteous and considerate; his examinations were practical and searching, sometimes, it is said, rather minute, but always reasonable and fair.

In 1821, an event occurred which marks an important era in the life of Dr Abercrombie. The death of Dr Gregory left vacant the chair of Practice of Physic in the University of Edinburgh, which, with brilliant success, he had filled for thirty years. It was not likely that there would be any lack of aspirants to the honour of being Gregory's successor, and, accordingly, a number of distinguished men presented themselves to the patrons as candidates for the chair. The magistrates and council had for their choice, among others, the versatile genius and burning enthusiasm of John Thomson; the practical sagacity and philosophic habits of observation of John Abercrombie; the extensive erudition and indefatigable industry of Dr Duncan jun.; and the prestige of his uncle's great name, backing the talents and acquirements of Dr Alison, who then was steadily entering on that career of public usefulness, which has long since gained for him an honour and esteem, independent of all that he derives from

his literary and scientific ancestry. But on none of these did the election fall. The municipal rulers had otherwise determined. *Dis aliter visum*. It accords not with our purpose to trace the history of this election further than as it bore upon the prospects and career of Abercrombie. If to him it did not bring the professorial status and the endowments of a productive chair, it still was the tide which taken at the flood leads on to fortune. He had made accurate soundings of public opinion, and felt the direction in which it bore him; and the course which he determined to pursue was bold but not imprudent. He was then in extensive employment as a general family practitioner, but he resolved to abandon this, and restrict himself to consulting practice. With this view he joined the Royal College of Physicians, taking his seat there on 4th August 1823.

From that time to the close of his life, Abercrombie's career was one of steady professional prosperity. His bodily frame robust, his mind ever vigorous and clear, his habits methodical, and his punctuality unimpeachable, his time at consultation never lost upon what was merely speculative, but economically expended upon what was clinically important, enabled him easily to satisfy the large demands made upon him for his opinion and advice, by a public who confided in, and a profession who looked up to him. He shared, of course, largely in the substantial rewards of such labours, but I am led to believe that public rumour, ever prone to exaggeration in such instances, has estimated his professional income above the reality.

Nor were honours denied to him. In July 1828, on the death of the venerable founder of our society, Dr Duncan sen., Abercrombie was appointed first physician in Scotland to the King. The Royal Society of Edinburgh, of which he had become a fellow in 1831, elected him one of its vice-presidents in 1835. In the same year, also, the University of Oxford conferred upon him, in company with Dr Prichard of Bristol, the degree of M.D., by diploma—an honour which had not been bestowed upon any one, with the single exception of Dr Jenner, for nearly fifty years previously. This was not a mere honorary degree, conferring only the privilege of appending M.D. Oxon. to his name; being a degree by diploma, it gave him “the immediate right to a vote in the University, with all the other rights which the fullest performance of academic exercises and residence could bestow.”

In 1835, also, among many other honours, he was elected Lord Rector of Marischal College and University, Aberdeen;



and at his installation on 5th November of that year, he delivered an inaugural address, which is eminently characteristic of the practical tendency of his mind. After a few prefatory sentences, in which little is said of Marischal College, and still less of himself, seeing before him only an assemblage of young men, entering upon a fresh season of academic instruction, he seizes the opportunity to give them some suggestions as to the higher objects to be kept in view in the acquisition of knowledge, and the method of successfully attaining them. The rectorial address, as originally delivered, was printed by desire of the *Senatus Academicus*, and was so much prized for its solid utility, that the author was led to revise and enlarge the practical part, and to republish it a year afterwards, under the title of “*Culture and Discipline of the Mind, addressed to the Young.*” It is a modest little duodecimo, which ought to receive the attentive and repeated study of every academic youth, and one not unworthy of occasional perusal by those of maturer years; for it treats in succinct but clear, in earnest but agreeable language, of the power which man possesses of voluntarily controlling, directing, and regulating his habits of attention and trains of thought; it points out, that sound intellectual culture does not consist in the mere acquirement of knowledge, however extensive that knowledge may be, for this may be an exercise of the memory alone; that there is a culture of the higher powers of the mind, the due regulation of the various mental faculties themselves, of greater difficulty but of higher importance, without which knowledge is vain; it indicates the value of a regulated condition of the mind as bearing upon the acquisition of knowledge, the formation of opinions, and the culture of those moral emotions of the heart which are the highest object to every responsible being; and it points out the means of obtaining this in a series of suggestions so plain and simple, that those of much tenderer years than the audience to which they were originally addressed, may easily comprehend and profit by them.

I have been led to digress a little from the more immediate purpose of briefly tracing the life of Dr Abercrombie, by the direct connection of this little book with one of the honours so justly paid to him. Among these honours we do not find included one which, in the case of a person of Abercrombie’s professional eminence, might almost with certainty have been looked for. He never filled the chair of either of the Royal Colleges of which he was so distinguished a Fellow. Assuredly this arose from no disinclination on the part of the Fellows of either College to confer their presidential honours

upon him. I believe that I am correct in stating that, among the Fellows of the Royal College of Physicians, movements were made on more than one occasion towards having him proposed for the presidentship, but that he declined being put in nomination, pleading, latterly, an illness which he had in 1841 as a reason for his not accepting the office. As regards the Royal College of Surgeons, his never having occupied the chair admits of easy explanation. At the time that he became a Fellow of the sister College in 1823, there were yet men senior to him, and worthy of the honour, who had not passed the chair; but even if it had, to use a common phrase, come to his turn, there can be little doubt, I think, that he would have declined the honour. For it is to be borne in mind that at this time, and for many subsequent years, the President of the College of Surgeons was, strictly speaking, not the head of a professional body, but the Deacon of one of the Incorporated Trades. We can readily fancy Abercrombie the President of an Academy of Surgery, but to conceive him being a member of the Town-Council, mingling in debates about burgh reform, city elections, and municipal patronage, perhaps with the prospect of being Deacon-Convener and Custodier of the Blue Blanket, transcends our power of imagination. Whatever we may think of the results of the changes which have since that time been made in our municipal constitution, we, as professional men, may at least be thankful for this, that the Surgical College can now choose its President for his professional and personal qualities, without having to consider whether he would prove a fit guardian of our civic interests, or whether he would vote for the Tory or the Whig candidate at the next election for the city.

In truth, there was one part of Abercrombie's mental constitution which rendered all such offices distasteful to him, and exerted a powerful influence on many other actions of his life. Caution, which has become proverbial as a characteristic of his countrymen, was in him not merely largely developed, but excessive. That he declined anything which might lead him into debate or strife, from a sincere desire to fulfil the injunction, "if it be possible, as much as lieth in you, live peaceably with all men," I do most firmly believe. But in running away from polemics, he not unfrequently fell into an error at the other extreme. Eminence in social position is a kind of property which has its duties as well as its rights, and Abercrombie did not always bear this sufficiently in mind. On more than one subject of interest to the public or the profession, where his citizens had a right to expect from him a decided opinion, his trumpet gave either an uncertain



or tardy sound, or was altogether silent. Had he more justly appreciated what he knew to be his own social position, (for though utterly devoid of arrogance, he was not unconscious of the eminent place which he held), he would not have been so timid as to encountering difference of opinion in others. His sensitiveness on this point sometimes tended to engender the very difficulty which he sought to shun. We are not, I conceive, though we may be his admirers, necessitated to become his blind panegyrists, and in a man where there was so much to reverence and honour, we need not shrink from noticing what we conceive to have been the little weak point in his character.

The rest of Abercrombie's life may be told in a few words. He continued to exercise the duties of his profession with his usual success and vigour, interrupted only by an illness in 1841, which partook of the character of cerebral congestion, threatening paralysis, and for which he had himself very largely depleted. It is the recorded opinion of his professional friends that he had treated himself too energetically, illustrating the truth of what has become proverbial, that no man is a competent judge in his own case ; but from this he recovered completely, and was soon enabled to resume his manifold labours.

In the midst of all his usefulness, in the full vigour of his powers both of mind and body, the inscrutable decree of God suddenly summoned him from among us. His carriage was waiting for him at his own door on the morning of 14th November 1844 ; he was unusually long of coming out of his private room ; it was entered, and Abercrombie was found extended on the floor all but lifeless. His death, as every one who hears me is aware, was caused by the laceration of some fibres of the surface of the heart, involving the rupture of one of the coronary veins, and causing fatal hæmorrhage into the pericardium.

It is now nine years since Abercrombie died, yet it seems but yesterday that his business-like carriage and well-known countenance were to be seen in every corner of our city. To this meeting I would not attempt, even if I had the descriptive power, to recal his personal appearance. His features are well preserved for the contemplation of future generations in the excellent bust by Mr Steele, placed by the College of Surgeons in their Museum, to commemorate their esteemed fellow-member. The ample intellectual forehead, the grave but not stern lines of his countenance, are there truthfully rendered. But there is wanting that which monumental bust can never give. We miss the brilliant and expressive

eye, which in him, as in many other men of intellectual stamp, gives to the countenance that force and character, which to the painter more than compensates for the lack of classical form and regularity of feature. It is excellently rendered, however, in a portrait in the possession of his family, painted by Sir John Watson Gordon, when Abercrombie was in full health and vigour, of which I shall only say, that a recent inspection makes me the more regret, that it has never yet been put into the hands of the engraver. I am sure that a large number of my professional brethren would with me rejoice, if they could learn that an artist worthy of the duty were permitted to employ his burin on so excellent a subject.

Dr Abercrombie was interred in St Cuthbert's Churchyard, where a monument bearing a profile portrait in relief, also an excellent likeness, by Mr Ritchie, marks the resting-place of his mortal remains. The day of his funeral was one of solemn but emphatic testimony to the worth of the departed, and not easily forgotten by those who took part in the mournful ceremony. The self-invited presence of the two Colleges of which he was a Fellow, of the body of clergy of the Free Church to whose communion he belonged, and of a crowd of his fellow-citizens bound to him by none of these ties, united to testify to the general feeling that a Master in Israel had fallen.

We have traced the leading events of his life, let us now shortly consider his character as a practitioner, an author, and a man.

*Abercrombie as a practitioner.*—We have seen in our survey of Dr Abercrombie's life, that he was favoured with an immense practice; that he thus had extensive opportunities of becoming acquainted with disease in all its forms, and shared largely in the endowments of his profession. But it is not merely on these grounds that we claim for him the right to be recognised as an eminent physician. The history of what is daily seen in the world too plainly tells us that a medical man's right to professional eminence and esteem is not to be founded upon the number of his patients, or the amount of his contributions to the income-tax. Sometimes a courtly manner and polished exterior, sometimes a pretentious display of learning—tinsel, not gold, oftener yet a still baser metal—the quack's brazen assumption of a skill denied to others, or of a system superior to all existing methods, will lead a fallible public to crowd to the consulting-room, and fill the coffers. But the profession itself is a better judge as to the qualities which really entitle any man to be



held eminent. It shuts its eyes to the glitter on the surface, and looks deeper for the sterling ore. The army looks beneath the show of the uniform for the qualities which make the general, before it willingly follows him to the field. The profession looks beyond the exterior display, before it places any man in the position of its acknowledged leader. Skilful he must be, that we may avail ourselves of his aid in our difficulties ; resources he must have, that we may draw upon him when our stores are exhausted ; but with skill in medicine as an art, he must combine knowledge of medicine as a science ; and to these requisites he must add integrity of character, honesty of heart and life, and courteous demeanour towards us. For we do not forget that to our consulting brother we commit the interests not only of our patients but of ourselves. When we carry our difficulties to him as a court of appeal, we must have perfect confidence that he will do justice to the practitioner as well as to the patient. We may have failed of success from error in judgment, it is for his superior experience to instruct and guide, and, as far as in him lies, to counteract the result of our mistakes. We may fail of success in spite of our best endeavours, because our difficulties are insurmountable ; it is the duty and privilege of his position to shield us from unmerited imputation of ignorance or unskilfulness. We may be following the path which will lead to a successful issue in good and reasonable time, when the impatience of the sufferer or the anxiety of friends may demand further counsel ; and here we have a right to receive from him a due acknowledgment of our capabilities, and full credit for what we have done and are doing. We appeal to his matured experience when our own discernment is at fault, we pay deference to his decision when it is adverse to our own opinion, but we do not forget that we belong to the profession, and have a right to the treatment of gentlemen, and we brook no haughty bearing or discourteous demeanour towards us ; and, therefore, it is that in him with whom we would consult, we require skill, resource, and learning, combined with integrity, honesty, and courtesy. In Abercrombie these qualities existed in happy combination, and for him they secured a high place in our confidence and esteem while he lived, and they preserve for his memory our sincere reverence, now that he is departed. I would, however, be much misunderstood if it were inferred from what I have said, that I regard Abercrombie as an unwonted or exceptional instance. I make for him no such demand. He himself would have been the last man to have wished such a tribute to be paid to him. He possessed these qua-

lities in an eminent degree, but he had no monopoly of them. Thankful am I to think that we can always find among our ranks men possessing the full title to be promoted to our leaderships, and proud we may honestly be, that, to the credit of our profession, which is and ever ought to be dear to us, we place at our head only those on whose medical and moral worth we can alike rely.

In manner, especially towards strangers, and consequently towards a large proportion of those who consulted him, Abercrombie appeared reserved ; many persons called him cold ; he certainly did not make his way to public favour by dint of blandishments. But though cold in manner, he was never unkind in action. It was not in his nature to make a display of sympathy with the sick ; it was as far from his nature to feel any indifference towards them. Setting a high value on his time, on which there were many demands from others, and for which he had constant occupation of his own, he was brief and business-like in his visits. He listened attentively to all that he felt necessary to guide him in his duties, but he could feel impatience, and manifest it too, when his precious moments were being wasted by the frivolous or garrulous. But with all this he avoided being harsh ; and we are unable to relate of him, for the edification of gossips, any anecdotes of what are styled smart sayings, but which, when called by their right names, are often little else than instances of rudeness.

Of Abercrombie as a practitioner, one of the most prominent characteristics was, his quick appreciation of what were the essential points in the case before him. He laid his hand on these with readiness and firmness, and he never let them go. He formed his opinion of what was needed, and acted upon it promptly and decidedly. His remedies were plain and purpose-like. He had his favourite formulæ, like every other physician, but he was no mere routine practitioner. He had no aversion to trying a recently introduced medicine or preparation, but he never was found rushing into a transient enthusiasm for some new-fangled remedy. He was no friend of polypharmacy in his prescriptions. He eschewed the heroic when it was uncalled for, but he charged boldly and vigorously when the enemy was strong or had attacked an important position. His whole clinical proceedings were essentially practical. This indeed was eminently his characteristic in everything. To borrow the words of another, which I adopt in preference to my own, " His mind was as completely practical as it is possible to imagine. In all his researches and inquiries, while one object was truth and ac-



curacy in results, another was the practical application. With him the object was as speedily as possible to determine what was to be done, what could be done, and how it was to be accomplished."

*Abercrombie as an Author.*—In what has already been said of the leading events of Dr Abercrombie's life, no mention has been made of his professional and other writings. I have preferred giving to them a separate consideration, that I may thus be enabled briefly to place before you a catalogue of his contributions to medical science and philosophy, in a connected chronological series. Believing that you who knew him as a practitioner will fully recognise his right to be held as eminent, independently of his published works, I have not hitherto cited them in support of his title, nor in illustration of his professional character. But it is by his writings he is known and esteemed elsewhere, and everything that he wrote is eminently characteristic of him. His works evince unwearied diligence, for he wrote much and well in the midst of incessant occupation in practice; they shew a truly inductive turn of mind, for he carefully collected facts, ascertained them to be such, and argued from them with deliberation and shrewdness; they bespeak orderly and methodical habits, for his note and case-books, the originals, we may say, of his treatises, shew that he spared no pains to make his records correct; they evince a firm but not unwarrantable confidence in his own careful observations and large experience, but never to the exclusion of the authority of others, for no man more copiously quotes, or more amply does justice to, those who preceded him in any branch of inquiry. In everything they eminently display his leading characteristic—the practical. Whatever is useful is narrated, whatever is unnecessary is quietly set aside; what is speculative is steered clear of; what is held to be established is clearly asserted; what is held to be erroneous is temperately controverted; what is uninvestigated is indicated as worthy of research. To everything some practical purpose is attached, and how this purpose is to be served is never omitted. It was observed of him by M. Serres, that in a remarkable manner he seemed to tread in the footsteps of Morgagni. It was a correct diagnosis of the French pathologist, and Abercrombie has himself left a post mortem evidence of its truth; for among his manuscripts there exist two little volumes, without date, but evidently written at an early period of his life, which consist entirely of extracts from the works of the great Professor of Padua, whose succinct and practical reports Abercrombie seems thus early to have

adopted as the model of his own. Indeed, whether Abercrombie's subsequent contributions to medical science had been intrinsically valuable or not, he would still have been entitled to the high merit, of having been among the first to inculcate and exemplify, that accurate necroscopic examination was the only true foundation of a rational pathology. Previous to his time, morbid anatomy could hardly be said to have had any real existence in Scotland as a branch of medical science.<sup>1</sup>

Dr Abercrombie was in no haste to appear as an author; he had studied, observed, and reflected much before he ventured into print. He did not publish anything till he had been twelve years established in practice.

Let me shortly call to your recollection his contributions to medical science.

1. In 1816, in the 12th volume of the *Edinburgh Medical and Surgical Journal*, he narrated a case of acute Cynanche Laryngea successfully treated by large bleedings;<sup>2</sup> and in the same volume, under the head of Medical Intelligence, he

<sup>1</sup> His zeal for pathological dissections was so conspicuous as to be a subject of general remark. It did not escape the quick eye of Dr Gregory.—“Do you know,” said Gregory on one occasion, “who is to be the future consulting physician of Edinburgh? I’ll tell you. It’s that little dark-eyed fellow who is always looking so closely at my post mortems.”

<sup>2</sup> It is impossible to peruse the practical writings of the physicians of the end of the last, and early part of this century, without being struck with the confidence which they placed in sheer blood-letting, and the extent to which they used the lancet, compared with what obtains in the present day. The laity, to whom the fact is notorious, often ascribe this to the caprice of doctors, and insist upon it as a proof that there is nearly as much of fashion in medicine as in millinery. It is easy to see many circumstances which account for this in a more creditable manner. Our improved methods of diagnosis, especially in thoracic diseases, enable us now to detect and check maladies in their earlier stages, when they are vincible by milder measures, such as local bleeding and sedative remedies, or to discriminate affections which do not require energetic treatment from those which cannot be too actively combated, because they involve important textures, and tend to produce serious after consequences. The stethoscope has saved many a patient from being bled for pleurisy, and has enabled his physician to relieve him by a dose of Dover’s powder and a sinapism, because it has shewn that his acute sidestitch involved no more important texture than the intercostal muscles. What we have called our milder measures, our local bleeding and sedatives, are more numerous, more potent, and more available than they were forty years ago. How often do we substitute, especially in large towns where the services of a dexterous operator can be had, the detraction of a few ounces of blood locally for a bleeding from the arm; and how often do our more recent sedatives, such as hydrocyanic acid, digitalis, aconite, and chloroform, enable us to subdue cough, hæmorrhage, pain, or spasm, while our forefathers would have deemed the sedative effect of bleeding essential to the relief of the patient. All this, however, only partially accounts for the marked diminution which has taken place in the use of the lancet. We cannot maintain that our predecessors were wrong in using it so freely, for it was abundantly successful in their hands. We are not going to stultify ourselves by admitting that we are, from mere caprice



communicates, in a few lines, the history of a case where, by the tobacco enema, he relieved a Retention of Urine, from a calculus impacted in the urethra.

2. In 1818, in the January number of the 14th volume of the *Journal*, appeared his *Observations on the Diseases of the Spinal Marrow*, the first of those valuable pathological writings on which his reputation as an author mainly rests. He contributes, from his own experience, only one interesting case of acute inflammation and suppuration of the spinal cord. The rest is the result of careful and extensive reading; and the whole paper is valuable, as being one of the first attempts to systematise spinal diseases.

3. In the April number of the same volume, he published a series of cases of *Acute Anasarca*, shewing that it is often connected with an inflammatory state of the lungs, and insisting on the value of full bleeding in its treatment. Attention is here directed to the subject of the coagulability of the urine, which had been pointed out by Blackall in 1813, which it was reserved for Dr Bright to connect with certain organic changes in the kidney, and the value of which, as a pathognomonic sign, has yet, I believe, to receive its rigid determination. Dr Abercrombie attempted, in some of his cases, approximately to determine the quantity of albumen present, and pointed out its diminution as the cases of anasarca improved.

4. In the July number of this same volume of the *Edinburgh Medical and Surgical Journal*, he published the first part of

or fashion, neglecting what was their most popular remedy. We can properly reconcile the difference between their mode of treatment and ours, only upon the supposition that diseases anatomically similar, do not in our day present the same constitutional phenomena which used to mark them, and that our practice is different chiefly because the symptoms which characterise disease are different also. That this is true, daily observation seems to prove; for even within the experience of those of us whose duration of professional service has been comparatively limited, there is a marked increase in the number of cases of inflammatory disease, where there is little of sthenic in the constitutional symptoms, or rather where, on the contrary, there is a tendency to sinking. It appears to be the fact, that in many instances we are called upon to administer wine and stimulants, where, in the days of the preceding generation, there would have been a call for the lancet. We can observe a variation in the type of disease, as we observe cyclical variations in the seasons of the year. We remark the absence of old-fashioned pneumonias as we do that of old-fashioned hard winters. It is no unreasonable supposition, that many of the present generation may live to see a return to the old types both of disease and weather; and that they may see the lancet again as much and as successfully employed as it was in the days of Cullen, Gregory, and Abercrombie. Instead, therefore, of admitting that these variations in practice are proofs of caprice or fashion of which we ought to be ashamed, we shall more properly interpret them as evincing a rationality in our therapeutics of which we ought to be proud, and as evidence that the legitimate practice of medicine is not founded upon empirical principle, or no principle at all, but that it rests upon a strictly scientific foundation of observation and induction.

his well-known researches on the Pathology of the Brain,—his longest and ablest paper hitherto. This first part is restricted to chronic inflammation of the brain and its membranes, and contains the history and post mortem appearances of twenty fatal cases, and the account of eight cases of recovery from similar symptoms, with copious pathological and practical remarks upon them.

5. In the November number of the same year, his researches on Cerebral Pathology were continued. This second part embraces the subject of Apoplexy. It was here that he first accurately described that interesting class of cases, which may prove fatal without leaving in the brain any morbid appearances to account for death, and which have with all subsequent writers retained the name of Simple Apoplexy, by which he distinguished them. Perhaps the most valuable part of this celebrated memoir, however, is his distinction of apoplectic cases, as regards the course of symptoms and the prognosis to be founded on it, into the three sets of—those which are immediately and primarily apoplectic—those which begin with sudden and violent headache, and pass into coma gradually—and those which are distinguished by palsy and loss of speech without coma. We may perhaps not unreasonably take exception to the terms (the apoplectic and the comatose) by which he designates the two first classes of cases respectively, for both are apoplexy and both are attended by coma; but we cannot hesitate to acknowledge that the distinction which he here drew, and which he has lucidly explained and copiously illustrated by examples, is a most important contribution to practical medicine, especially in the matter of prognosis. To Dr Abercrombie, more than to any other author, we owe the observation, that the primarily apoplectic cases, though always uncertain in their issue, still leave reasonable ground for hope; whilst the others, though apparently less formidable at the beginning, are always more unpromising, and generally indicative of extensive and irremediable cerebral hæmorrhage.

6. The memoir on Apoplexy was resumed and completed in the January Number of 1819 (Ed. Med. and Surg. Jour., xv.), by a chapter treating of paralysis, and giving a short outline of the general treatment of apoplexy. In one section of this chapter, he calls attention to the fact of paralysis in many instances depending upon an inflammatory, not an apoplectic, state of the brain. Here he had evidently noticed, though he failed fully to recognise, that well known pathological condition, which the labours of Rostan and Lallemand, within a year from this date, and of many other writers



since their time, have made familiar to us as ramollissement of the brain. Dr Abercrombie had, in fact, described cases of this kind in his former memoir on chronic inflammation of the brain, but he had confounded the state of softening with suppuration. In another section he points out that "there is a singular modification of paralysis which seems to be connected with the state of the circulation in the part;" and he most faithfully describes one very characteristic example from his own practice of that interesting class of cases, which, within the last few months, has been the subject of much discussion among us in reference to their probable connection with cardiac vegetations. Even in these two instances where we find him failing to give to the pathological phenomena their true significance, we see how carefully he noted, and how systematically he arranged, what had come under his own notice. He was himself perfectly aware that his observations on what he calls inflammatory paralysis were incomplete, and he specially proposed it as an interesting subject for investigation. It is rarely the good fortune of any man to be able to exhaust a pathological inquiry, especially one so extensive as apoplexy and paralysis; and next to his who contributes something new to our stores of knowledge, is the merit of him who indicates something definite for the labours of others to supply.

7. In the No. for April 1819 (*Ed. Med. and Surg. Jour.*, xv.), we have a short but instructive paper from his pen, under the somewhat vague title of "Cases of Dyspnœa in Children, connected with a singular affection of the Throat." It is in fact the description of three cases of post-pharyngeal suppuration, producing symptoms resembling those of croup, and effectually relieved by opening the abscess.<sup>1</sup> It is, I presume, the vagueness of the title of this paper which has led to its having been singularly overlooked by subsequent writers. In the 17th volume of the *Dublin Journal*, 1840, Dr Fleming of that city details two interesting cases of this kind, and quotes all the authorities which he had been able to collect on the subject. In the *Gazette Medico-Chirurgicale*, for May 1846, there is a paper on the same topic by a Belgian author, M. Bessems, which is translated in the August No. of the *Edinburgh Monthly Journal* for that same year. In the *Monthly Journal* for October 1847, Dr Peacock narrates and delineates a fatal case of the same

<sup>1</sup> I may remark in passing, that this is the only instance in which I find him mentioning that he himself performed a surgical operation. He frequently, however, had occasion to operate, in the earlier part of his career as a general practitioner.



nature, and these two last papers are cited by Professor Miller in his *Practice of Surgery*, in illustration of the fact, that post-pharyngeal abscess occasionally produces symptoms which may be mistaken for those of croup; yet, by not one of all these writers is the name of Abercrombie mentioned in connection with this subject. I have to confess that when I went to peruse this paper I expected something totally different. I thought to find there Abercrombie's account of *Laryngismus stridulus*. Perhaps there may be others who have equally failed to give to this paper its proper share of notice, and who will not regret my having directed their attention to it, both as one which has not been duly referred to, and as one which well illustrates the practical sagacity of its author.

8. In the No. for October 1819 (*Ed. Med. and Surg. Jour.*, xv.), the series of papers on cerebral pathology was concluded by a chapter on organic diseases of the brain. This portion of his contributions to cerebral pathology does not present, nor in truth does our knowledge of the organic lesions of the brain even at the present day, admit of, those important generalizations which are met with in the previous chapters. Abercrombie treats the subject in the only way in which it could be practically useful—in reference to diagnosis; and he arranges the cases, perhaps with more than necessary subdivisions, according to the kind of symptoms which characterized them. The chief value of this chapter consists in its utility for future reference, containing, as it does, records, either quoted or original, of not less than forty cases of cerebral organic disease.

In this same No. of the *Edinburgh Medical and Surgical Journal*, October 1819, appeared a criticism on the celebrated lectures by Mr Lawrence, on *Physiology, Zoology, and the Natural History of Man*, denouncing certain opinions which, to the reviewer, appeared to be unphilosophical in their nature, and dangerous in their tendency. It is no secret that this review proceeded from the pen of Dr Abercrombie. Deeply impressed with a conviction that these doctrines, backed by the authority of so fine an intellect as that of the author, were hostile to the interests of religion and sound philosophy, he seems to have thrown himself into his critical work with unusual ardour and spirit. The general style of the review is very different from that of most of his writings. There is a playfulness and humour in some parts of it, which, making all allowance for the freedom conferred by the reviewer's "we," would hardly have been expected from the ordinary turn of mind of Abercrombie. But his own more special characteristics are there in full development—ear-



nestness of purpose, steady defence of what he held to be true, unsparing denunciation of what he felt to be false, and all tempered by that charity which disposed him, as far as possible, to think no evil. Let the peroration of the review substantiate these remarks. Referring to a quotation from Dugald Stewart, he says—"These considerations from this high authority we respectfully submit to the attention of Mr Lawrence. We believe him to be a man of talents and acquirements; but in the work now before us he has wandered into speculations for which his intellectual habits are entirely unqualified, and has 'reasoned downwards.' We fondly hope that he was not himself aware of the abyss into which his speculations were leading him. We think too highly of his understanding to believe that he is really convinced by his own reasoning; we hope too well of his heart to imagine that he seriously intended to lead his pupils into a system, dark as the valley of the shadow of death, and pestilential as the vapours of Acheron."

9. Having accomplished a systematic series of papers on the diseases of the encephalon, he now set himself to the execution of a similar task in reference to the abdominal organs. Accordingly, in the January No. of the *Edinburgh Medical and Surgical Journal*, for 1820, vol. xvi., he published the first of his well known essays on the pathology of the Intestinal Canal; the subject of this first section being the diseases connected with derangement of the peristaltic motions. In this valuable collection of cases and practical remarks, he gave special consideration to the subject of Ileus; drew attention to the important fact that it may prove fatal without the supervention of inflammation, great distention being all that can be found after death; he enforced the doctrine that the obstruction in such cases was owing to a paralysed state of the distended portion of intestine, not to spasm of the part below; and he applied his pathology practically, by pointing out the cautions to be observed in the use of strong cathartics, and the probability that bleeding, large opiates, and tobacco—the last of which was his most approved remedy—produced their good effects not by relaxing spasm below, but by moderating the downward forcing action of the healthy intestine above. There are few of Abercrombie's papers more succinct, clear, and practical than this.

In the immediately succeeding numbers of the *Journal* for April and July, 1820, he continued his papers on Abdominal Pathology, discussing the subject of the Inflammatory Affections of the various textures of the alimentary tube. The records of cases are, as usual, copious and instructive, but

there is little so novel or original in these two papers as to call for recapitulation here.

10. In the January number of the Journal for 1821, his busy pen again brings him before the profession as an author. He has done much for the head and abdomen; the chest now claims his attention. In this number he published a paper of considerable length on the Pathology of Consumptive Diseases, which was continued and concluded in the January number for 1822, vol. xvii. To us, at the present day, this memoir has only the comparatively limited value of historical interest. It produces a somewhat curious impression on our minds to read a paper, by a physician of our own times, on Phthisis and its diagnosis from other pulmonary affections, without finding in the whole course of it the words stethoscope or auscultation. Let us bear in mind, however, that as regards auscultation by percussion, though introduced to the world by Auenbrugger in 1761, and for a second time forced upon the attention of the profession in France, by Corvisart, in 1808, it attracted comparatively little notice, till the analogous brilliant discovery of stethoscopic auscultation by Laennec in 1816 demonstrated its importance; moreover, that Laennec's treatise *De l'Auscultation Mediate* was not published till 1819, and Dr Forbes' translation of it not till 1821, after this memoir by Abercrombie was written; and thus, that at the date of this paper the new resource of the physician, now his main guide in the diagnosis of thoracic disease, could not be familiar to Abercrombie. It seems to me more than doubtful if he had at that time heard of it; for had that been the case, I can hardly think that in this paper he would have totally omitted to notice it. In regard to the purely pathological part, we can easily see now, that Abercrombie's ideas on phthisis were very crude, compared with those which now obtain among us; but let us also remember that the foundation of our knowledge of tubercle essentially rests on the invaluable "*Recherches*" of Louis, which were not published till 1825.

In reference to the great practical question of the curability of phthisis, and the means of obtaining a cure, he, in common with most physicians of his time, expressed a very cautious opinion. He seems to admit the curability of phthisis rather as a supposition than a reality, although he quotes one case from his own observation, which undoubtedly was an example of arrested tubercular disease of the lower part of one lung. It is to be borne in mind, however, in reference to this, that he hardly calls a case one of consumption unless it had passed into the state of "*ulceration of the lungs.*"



In reference to the then and since much disputed question of the tonic or the antiphlogistic treatment, he is equally reserved. "Consumption, says one, is a disease of debility; says another, it is a disease of excitement. The sound pathologist knows that it is a morbid degeneration of a vital organ; and that except he can combat it there, in its proper seat, the excitement and the debility are equally beyond his control. In this morbid condition there are many varieties, and many of them are obviously beyond the reach of any human aid. There are others in which the tonic treatment is proper and expedient, and in which, supporting the strength of the patient by every possible means, is giving him the only little chance that remains to him of throwing off the disease. But in others certainly the antiphlogistic treatment is required; and by the judicious employment of it at the proper period, some considerable prospect is held out to us of arresting the disease at its first appearance. If these be trifled with, or injudiciously treated at the commencement, the period for active practice is soon gone by, and the error is fatal." Our modern views as to the constitutional origin of tuberculosis will hardly allow us to assent to the doctrine that phthisis is to be combated "there, in its own proper seat."

11. In the No. of the Journal for April 1821, we have from him a short paper on *Ischuria Renalis*, in which he narrates four fatal and one successful case from his own observation. The well-known circumstance of the fatal termination of such cases by coma, of course, comes in for a share of comment. To Abercrombie and the pathologists of his day, this coma appeared to be connected with cerebral effusion, but the connection of the supposed effusion with the renal disease was quite enigmatical. "The most singular circumstance," says he, "in the pathology of the disease, is its tending to terminate by coma and effusion on the brain. The minute connection here will probably ever elude our researches; but, in a practical point of view, it is of great importance, and presents a most interesting subject of investigation."

These two papers by Abercrombie on subjects so remotely diverse as Consumption and Suppression of Urine, occurring, as they happen to do, in chronological juxtaposition, unite in suggesting to us two subjects of remark. First, we may derive from them a reasonable satisfaction as to the recent progress of practical and scientific medicine. When we see the first physician of his day, darkly groping for a diagnosis, between morbid conditions, which the large proportion of practitioners can now distinguish with comparative confidence;

when we find him looking upon the coma of uremia, now familiar to every hospital clerk, as a dark subject, perhaps destined ever to remain a mystery—we have, I think, a sufficient answer to those who would ask us what progress we are making in our art and science. Secondly, let us temper our pardonable self-complacency with a due appreciation and regard for the labours of those who have preceded us. When we hug ourselves on our advanced knowledge, and say that in many things we are wiser than the last generation, let us remember that for much of this we are their debtors. When we travel along our professional journey with comparative ease, smoothness, and rapidity, let us not forget or undervalue those who, with patient observation, first accurately surveyed the line for us—who cleared it of the accumulated rubbish of centuries of error—who reared solid embankments of truth over quagmires of loose hypothesis—who laboriously tunnelled their way, with less perfect tools than we possess, through many a hard stratum of error, and laid down for us the rails by which we now reach our terminus, *tuto cito et jucunde*. Whilst we flatter ourselves that we are daily making extension of our line, and working it better than our forefathers, let us remember that the Morgagnis, Baillies, and Abercrombies, were great engineers in their day.

12. Dr Abercrombie's next contribution to medical literature appeared as the first paper in the first volume of the Transactions of the Edinburgh Medico-Chirurgical Society, which had been instituted in 1821. Dr Abercrombie was one of its vice-presidents from 1822 to 1829, in which year he was elected president, and occupied the chair during four consecutive sessions. This paper, read on 3d December 1821, is on the Pathology of the Heart, and forms a systematically grouped collection of upwards of thirty cases, including interesting examples of pericarditic and endocarditic inflammation, of valvular obstruction and incompetency, of cyanosis, and, in one instance, of the lesion which proved fatal to himself—a paper which, though deficient according to the present standard, in some points of pathology, and in the whole subject of physical diagnosis, is yet a mine of valuable facts in relation to the general signs and complications of cardiac diseases.

13. In the latter part of the same volume of the Transactions, we have a short paper from him in connection with Dr Alison's well-known memoir on the Pathology of Scrofulous Diseases. Here we find Abercrombie detailing chemical experiments which he had made upon tubercular matter. We do not profess to say that we gain much from it, nor can



we boast of being very much further advanced than he was as to the chemistry of tubercle; but it is interesting to observe this man, of truly practical habits, endeavouring to turn to good account the collateral science of animal chemistry, now, in many respects, a valuable help to the pathologist, and yet destined to be of still greater service to him.

The above, so far as I have been able to gather, are Dr Abercrombie's chief contributions to periodical or serial medical literature. We have brought him down, as an author, to the year 1823, by which time his extended reputation and consequent unceasing employment as a consulting physician, left him but little time for writing papers. Though he ceased to contribute to the journals, however, he did not discontinue his labours as a medical author. In 1828 he published, in one volume, the papers from the *Edinburgh Medical and Surgical Journal on Diseases of the Brain and Spinal Cord*, much improved in many respects, especially as regards due recognition of the phenomena of softening of the brain, which he compared to gangrene in other textures, and holds to arise, in one form, from inflammation, in another, from obstructed circulation in the brain. In the same year, under the title of *Diseases of the Abdominal Viscera*, he republished his pathological papers on the Intestinal Canal, with additional chapters on the liver and other abdominal organs, which he had contributed to the *Edinburgh Medical and Surgical Journal* in 1824. In the collecting of his papers on cerebral and abdominal pathology into distinct volumes, he had been anticipated by others; a strong proof of the value with which these papers had been regarded by the profession at the time of their publication. In 1821 the separate papers on diseases of the brain were collected and translated into German by Dr De Blois, under the directions of Professor Nasse of Bonn, who appended to the volume some observations of his own upon tumours of the brain. In 1822 Dr Wolff of Bonn collected into one volume, and translated into German, the papers from the sixteenth volume of the *Edinburgh Medical and Surgical Journal on the Diseases of the Intestinal Canal*. The books, as completed and published separately by Abercrombie himself, were subsequently translated into French and German. They were thus, both at home and abroad, at once recognised as standard works on Pathology; they found a place in every medical library, and a new edition of each was called for and published two years afterwards.

From this time Abercrombie's contributions to strictly medical literature were few and comparatively unimportant. In 1832 he published a small treatise entitled *Suggestions on*

the Malignant Cholera, which is generally held not to have added to his reputation as a medical author. In 1834 he communicated to the Medico-Chirurgical Society two instances of cerebral disease, which are included in a record of cases published by the Society, in the Edinburgh Medical and Surgical Journal of that date.

In 1843 he read to the Medico-Chirurgical Society, a short paper on stammering, an abstract of which is given in the Monthly Journal of Medical Science for March 1843. The paper itself was never published in extenso, Dr Abercrombie having found, after he had committed his observations to writing, that he had been in great part anticipated by Dr M'Cormack of Belfast, who had written a small volume on this subject in 1828.

According to Dr Abercrombie, stammering does not consist in any defect of the organs of speech properly so called, but is rather connected with a deficiency in the management of the voice, especially with a habit of attempting to speak when the stammerer has no voice, that is, when the chest has been emptied of air or nearly so. The principles on which a cure may be accomplished are thus laid down by him, it being premised that to obtain success everything depends upon the perseverance of the patient himself: "I. To direct the attention of the individual to the three distinct parts of which the function of speech consists: 1, A full and continuous current of *air* proceeding outwards from the lungs; 2, The formation of this into *inarticulate sound or voice* by the action of the larynx; 3, The formation of this into *articulate sound or speech* chiefly by certain movements of the lips and tongue. He soon perceives that he has no difficulty in performing any of these actions when they are thus made separate objects of attention, and in this manner he is led to understand, that his affection does not depend upon any defect in any of the organs of speech, or a difficulty of performing any of the processes of which the function consists, but in a certain want of harmony among these processes which has grown into a habit. II. The second and principal part of the treatment is, to exercise the individual in the habit of never attempting to speak without having a full and strong current of voice. . . . When he has thus been made to understand the principles upon which the removal of the affection is to be conducted, the further treatment consists in a course of exercises calculated to give him a full command of his voice, and so to correct the habit which he has acquired of speaking, or attempting to speak, without sufficient voice."

Some interest attaches to this paper from the circum-



stances which led to its being written. Dr Abercrombie had seen, in consultation with Dr Simpson, a patient who was a stammerer, and to whom Abercrombie, practical in all matters, had kindly volunteered some instructions as to how she might get rid of her impediment. Dr Abercrombie told Dr Simpson that he had been led to pay particular attention to this subject, from his having himself been affected with stammering in his earlier years. In fact it was this impediment in speech, which had led him to abandon a cherished intention of devoting himself to the ministry, and to adopt medicine as his profession. It was at Dr Simpson's request that he was induced to throw his observations on the subject into the form of a communication to the Medico-Chirurgical Society; and it is evident that the unnamed "individual on whom his first observations were made" was himself. He certainly had been successful in overcoming his impediment, for though not a fluent speaker, he exhibited in his after life no appearance of stammering, either in public or colloquial speaking.

Although Abercrombie, however, subsequently to 1828, may be said almost to have ceased to contribute to medical literature, he was not entirely engrossed with the practice of his profession; his pen was far from being unemployed. He appeared as a philosophical author in 1830, when he gave to the world his work on the Intellectual Powers and the Investigation of Truth. There, if any where, we might have expected that Abercrombie would have indulged a little in speculative discussion; but we find him the same resolutely practical man as ever. In the strictly metaphysical part of the work there is no pretension to originality; it is a simple, but on that account not less valuable, exposition of what is known, as to the manner in which that part of us which thinks and wills, remembers and reasons, carries on its operations. The greater bulk of the work is purely practical, and though not directly addressed to any class of the community, it specially commends itself to the members of his own profession, by the valuable chapters on the application of the rules of philosophic investigation to medical science, under the heads of the acquisition and reception of facts, the arranging combining and separating facts, the tracing the relation of cause and effect, and the deducing of general facts or general principles. To us also it has a professional interest, from its contributing from his own observation, many interesting examples, bearing upon the curious but difficult subject, of the influence exerted on the mind, by disorders of the bodily organ through which it manifests its operations. Perhaps I cannot better characterize this work than by quoting the opinion of an able

critic, who certainly had not been over laudatory to Dr Abercrombie's strictly professional writings, but who thus expresses his appreciation of this, Abercrombie's first and greatest contribution to Philosophy: "It is true that there is little originality attempted in these inquiries, and that much of the matter which they contain we have long been made acquainted with by writers of another school; but metaphysics is the last field which any man, ambitious of originality, would enter in search of fruit, and our profession stands much less in need of brilliant discoveries on the essence or exercise of the mental powers, than of a general and practical acquaintance with mind as it is already known. This more useful information is contained in these inquiries; and the strongest argument by which we can urge them upon the attention of our readers will be found in the voluminous review with which we have considered it our duty to introduce them to their notice. To conclude, in the phraseology of their subject, they exhibit much clearness of perception, much accuracy of association, much good taste and strong judgment, and, though last certainly not least, in these days, a moral system so religiously disciplined, as can confer upon a head well informed, all the advantages of a heart well regulated. The style is occasionally loose, and the language is not perhaps sufficiently precise for metaphysical disquisition; but, when the pursuits and avocations of the writer are considered, it is less remarkable that such slight deficiencies are found, than that they should so rarely occur."—*Medico-Chirurgical Review*, April 1831.

In 1833, Abercrombie published his smaller work on the *Philosophy of the Moral Feelings*. This little volume may be regarded as forming the connecting link between the larger and more metaphysical work just noticed, and the series of tracts on subjects of practical religion, which he also wrote. It points out the distinction, but, at the same time, the harmony and co-operation, which exists between the intellectual powers and the moral feelings. It gives a detailed analysis of man as a moral being, in which the existence and operation of conscience as a distinct and regulating principle of the mind is insisted on; it criticises the different theories of morals which have been propounded by various philosophers, takes exception to them all, as not duly recognising the authority of conscience; maintains the perfect consistency with the strict course of philosophic inquiry, of an appeal to revelation; and concludes with what virtually is a practical application of the subject—a disquisition on the moral relation of man to the Deity.

Of his tracts on religious subjects this is not the place to



attempt any analysis. They are five in number, and along with his rectorial address have been published in a single volume. They make no pretension to originality—nor, we may say, are they distinguished by any great variety. Their merit lies in their solid practical character. They are his *Essays on the Intellectual Powers and Moral Feelings*, viewed in the light, and applied and enforced with the authority of Scripture. The orthodoxy of Abercrombie's faith is clear enough from these writings—but it is not the direct object of these tracts to argue for what is doctrinal. He does not assume the special function of the divine—they are practical religious works, not theological.

Such are Abercrombie's published contributions to medicine, philosophy, and religion. They present a goodly array, although not requiring us to term him a voluminous writer, for his papers, though often long, are not numerous. Their value is to be estimated not by their bulk, but by a consideration of the care in observing, the fidelity in recording, the judgment in systematically arranging, and the tact in practically applying, which they evince throughout. Abercrombie's style, as regards composition, may be said to be characterized by correctness rather than elegance. It commends itself to us by its aspect of practical usefulness; it cannot be said to attract us by its brilliancy. Whilst many philosophical, and not a few scientific and medical writers, remind us of the rapid dashing engine of the rail, Abercrombie rather suggests the same great mechanical power when stationed at the mine; doing the work unremittingly and quietly with a few long and powerful strokes; dipping into dark places where much valuable matter was stored, but where he had to labour hard to reach it; pumping out much that obstructed progress and prevented others from working it successfully, and ever and anon bringing up to the surface a goodly load of solid, substantial, useful material.

We have thus endeavoured to delineate the principal features in Dr Abercrombie's character as a physician and author, but the portrait, ill-drawn I know in many respects, would be utterly an unfinished sketch, and unfit for presentation before you, if it did not also exhibit, however imperfectly, the general complexion of his character as a man.

To do this, it is unnecessary for me to paint in strong colours, or endeavour to put a high glaze upon the picture. The character of such a man is exhibited most truthfully, in the plain unvarnished tale of his daily life and conversation. We have claimed for him no exemption from the failings of our nature. To do so for any man were worse than useless; but remembering that he was a man, we may pronounce him

good. He made the profession of religion in his writings, decidedly but most unostentatiously. He made the practice of it in his life. It was interwoven with his nature. It was no sanctimonious garb assumed to carry him with due decorum through his worldly avocations,—it was not a cloak put on to hide, from the remembrance of himself or others, the follies of a misspent youth. The pious instruction of the paternal manse had been to him as the good seed sown in a good soil. It grew with his youth; it ripened with his maturity, and brought forth its fruit an hundred fold. Early in life we find him enrolled among the office-bearers of the church. In the year 1807, when he was only twenty-six years of age, he was ordained an elder of Lady Yester's, a parish with which he was connected, not merely by the accident of his first residence in Edinburgh being within its bounds, but by his having been an inmate of the family, and a warmly attached friend, of its clergyman Mr Black. It was after his death, and during the incumbency of Dr Fleming, that Abercrombie became one of its elders. To him the eldership was not a mere matter of form, or an empty ecclesiastical title. Whilst he held the rank he discharged the duties. He visited in the parish much and usefully. He made himself acquainted with the moral and social condition of its inhabitants, and the observations which he there made, he afterwards embodied in a short pamphlet, on the Moral Condition of the Lower Classes in Edinburgh. In conjunction with another former member of that kirk-session, who yet survives (Mr Andrew Balfour), he collected a mass of parochial statistics, which received from Dr Chalmers a high commendation for its utility; and when his increased professional engagements prevented him from visiting the parishioners, he evinced the continued interest which he took in their spiritual welfare, by his tracts on the harmony of Christian faith and Christian character, and other subjects, which he wrote and printed for gratuitous distribution among them, and which he prefaced by a short and earnest address to the industrious classes.

But it was not merely thus that Abercrombie made himself an instrument for good to others. Whilst by his writings he diffused the highest and most useful of precepts, by his consistent deportment he set before others the no less valuable instruction of his example. The activity of his benevolence, as manifested by acts of charity and liberality, neither few nor small,—the integrity of his life,—the gravity of his demeanour,—the very reserve of his manner, combined to give weight and influence to his name, and left upon the minds of those who came in contact with him, the impression



of his being a man richly endowed with the virtues and graces of the Christian character.

To these, doubtless, we might add those parts of his religion, which were manifested only in the domestic circle, and those which were unknown save to Him who seeth in secret. But the pieties of the family altar and of the private closet need not to be dragged into light to establish the character of Abercrombie. Leaving them untouched, as being among the things with which, as a stranger, I cannot intermeddle, I find in the retrospect of what Abercrombie wrote and said and did before his fellowmen, the sufficient proof that he merited what he received at their hands, that good name which is better than precious ointment.

Such was Abercrombie as a physician, an author, and a man. Active and alert in his professional vocation, zealous for the diffusion of useful knowledge by his writings, religious in profession, and pious in life, he fulfilled the apostolic injunction, and was not slothful in business, fervent in spirit, serving the Lord.

28 HERIOT ROW, EDINBURGH,  
12th April 1854.

